Noninvasive diagnosis of liver fibrosis in NAFLD: Tips tricks

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Résumé en anglais	Non-alcoholic fatty liver disease (NAFLD) is highly prevalent, affecting 25% of the general population. Liver fibrosis must be accurately evaluated in NAFLD to determine the severity of the disease and establish patient management. We present the case of a patient with diabetes showing minimal perturbations of liver function tests, but for whom a simple blood fibrosis test suggested the presence of advanced liver fibrosis. The patient was referred to a hepatologist who confirmed the diagnosis using a specialized blood test and transient elastography. Thereafter, a liver biopsy was performed and pathology was positive for cirrhosis. An upper gastrointestinal endoscopy showed no gastrointestinal varices. Simple blood fibrosis tests are very attractive for the first-line evaluation of liver fibrosis by non-specialists in the large populations of NAFLD and diabetic patients, as they are inexpensive, easy to perform, and accurate for the exclusion of advanced liver fibrosis. Non-specialists must however use them appropriately to avoid unnecessary over-referral to hepatologists. These latter can confirm the diagnosis of advanced liver fibrosis via agreement between a specialized blood test and liver elastography. In addition to the diagnosis of liver fibrosis, noninvasive tests are now recommended for the screening of gastrointestinal varices at risk of bleeding. Liver elastography must be interpreted by a specialist because the choice of the probe, the quality of the examination, and many conditions other than liver fibrosis can influence the examination and create a risk of false positives. Noninvasive tests of liver fibrosis have enabled exciting possibilities for widespread screening of advanced forms of chronic liver diseases. This will become particularly relevant in NAFLD when drugs currently in therapeutic trials become available in the next few years.
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